



Swim Team ONLY Membership Application

THE UNDERSIGNED DOES HEREBY MAKE APPLICATION FOR SWIM TEAM MEMBERSHIP IN THE BLACK HORSE RUN PROPERTY OWNERS' ASSOCIATION RALEIGH, INC. (BHRPOA) AND DOES HEREBY AGREE TO THE FOLLOWING RULES AND REGULATIONS:

1. The acceptance of this application for swim team membership is subject to the approval of the Board of Directors of BHRPOA
2. I personally shall be responsible for the conduct of, and charges by, my family and myself.
3. My family and I shall conduct ourselves in an appropriate manner when using the recreational areas or other common properties and abide by the rules, regulations, and by-laws of BHRPOA.
4. No profanity, public drunkenness, aggressive, or hostile behavior is permitted.
5. Swim team management and coaches are in charge of the pool area. Failure to adhere to their policies will result in restricted use of the pool. Repeated offenses may result in the denial or revocation of membership.
6. Swim team membership dates are from **June 1, 2021 to July 30, 2021.**
7. Membership dues are payable in full with the submission of this application in the **amount of \$100.**
9. Membership is non-transferable.
10. **Swim team Membership has the following limitations:**
 - Swim team members only in the pool during practices and meets, otherwise may not come to the pool for recreation time or stay after the daily practice time unless as a guest of a POA member or Associate member.
11. A swim team member, after review of the Board of Directors, may be denied membership or membership renewal due to failure to adhere to rules and regulations. Notification of membership denial or termination will be by letter from the BHR Board of Directors. Should this situation occur, the Board of Directors would make a final decision, notifying the family by letter within three (3) weeks of their appearance before the Board. There will be no refund of membership dues, partial or total, if the swim team Membership is not re-instated. This procedure does not apply to those applying for initial membership to BHR.
12. The Board of Directors is hereby authorized to verify any information contained hereon.

Date of Application: _____

Signed: _____

Make checks payable to: BHRPOA (Black Horse Run Property Owners' Association Raleigh Inc.) for \$100.00

Black Horse Run Property Owners' Association Raleigh, Inc.
11701 Black Horse Run
Raleigh, North Carolina 27613
Phone: 919-847-3131 – Business Office

Applicant's Name: _____

Spouse's Name: _____

Street Address: _____

State: _____ ZIP _____

Home Phone: _____ Work/Cell Phone: _____

E-mail Address: _____

Dependent's Name (in order of birth) Gender Birth Date Residing with you? Yes/No

1. _____

2. _____

3. _____

4. _____

Other Emergency Contact:

Name: _____

Address: _____

Phone: _____